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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-876)						SERIAL NO. 09-747207	FILING DATE
						APPLICANT(S)	
						CLAIMS	
1	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		51
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
2							52
3							53
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47							97
48							98
49							99
50							100
TOTAL IND.							TOTAL IND.
TOTAL DEP.							TOTAL DEP.
TOTAL CLAIMS							TOTAL CLAIMS

PTO-1360 (3-78)

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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